

Waiver of insurance billing

You have registered as a **cash/ private pay patient**. This means that at the time of service you will be paying by cash, check, or credit card. Due to this cash payment you are receiving a discount. We will not bill insurance for services provided under this arrangement. No forms will be produced now or in the future for you or us to submit for insurance billing.

Fee Schedule:

New Patient first appointment 60 minutes: \$122

Follow-up appointments: 60 minutes: \$102

Follow-up appointments: 30 minutes: \$51

Please talk to the office manager if you have any questions regarding this arrangement.

I agree to:

- 1) pay at the time of service, and
- 2) waive insurance billing by North Boulder Physical Therapy.

Patient signature _____

Date _____

(send a copy to FPM and file in patient chart)